

# PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) 702931 PCT

<b>Box No. I TITLE OF INVENTION</b> PROTECTIVE COATING FOR AUTOMOTIVE TRIM PIECES AND METHOD OF MAKING THE SAME	
<b>Box No. II APPLICANT</b> <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) DECOMA INTERNATIONAL INC. 50 Casmir Court Concord, Ontario L4K 4J5 Canada	Telephone No. 905-669-2888  Facsimile No. 905-669-4992  Teleprinter No.  Applicant's registration No. with the Office
State (that is, country) of nationality: CA	State (that is, country) of residence: CA
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) BRADFIELD, Craig 567 Willowick Drive Newmarket, Ontario L3X 2A6 Canada	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: CA	State (that is, country) of residence: CA
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
<b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) IMAI, Jeffrey, T., PORAT, Alex, BRANDT, Kerstin MAGNA INTERNATIONAL INC. 337 Magna Drive Aurora, Ontario L4G 7K1 Canada	Telephone No. 905-726-2462  Facsimile No. 905-726-7173  Teleprinter No.  Agent's registration No. with the Office
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

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## Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

CHEVALIER, Gary F.  
3 Concorde Place  
Unit 2801  
Don Mills, Ontario  
M3C 3K7  
Canada

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
CA

State (that is, country) of residence:  
CA

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

ROOPNARINE, Ramdeo  
1643 Warren Drive  
Mississauga, Ontario  
L4W 2X1  
Canada

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
TT

State (that is, country) of residence:  
CA

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

The following designations are hereby made under Rule 4.9(a):

## Regional Patent

- ☒ **AP** ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☒ **EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of
- ☒ **EP** European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA** OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

## National Patent (if other kind of protection or treatment desired, specify on dotted line):

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| <input checked="" type="checkbox"/> <b>DK</b> Denmark                                | <input checked="" type="checkbox"/> <b>MD</b> Republic of Moldova                       | <input checked="" type="checkbox"/> <b>US</b> United States of America         |
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**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

**Box No. IX CHECK LIST; LANGUAGE OF FILING****This international application contains:**(a) **in paper form**, the following number of sheets:

request (including declaration sheets) : 4  
 description (excluding sequence listings and/or tables related thereto) : 17  
 claims : 3  
 abstract : 1  
 drawings : 6

Sub-total number of sheets : 31

sequence listings :

tables related thereto :

(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)

Total number of sheets : 31

(b) ☐ **only in computer readable form** (Section 801(a)(i))(i) ☐ sequence listings(ii) ☐ tables related thereto(c) ☐ **also in computer readable form** (Section 801(a)(ii))(i) ☐ sequence listings(ii) ☐ tables related thereto

Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the

☐ sequence listings: .....☐ tables related thereto: .....

(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)

This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):

Number of items

1. ☒ fee calculation sheet2. ☐ original separate power of attorney3. ☐ original general power of attorney4. ☐ copy of general power of attorney; reference number, if any: .....5. ☐ statement explaining lack of signature6. ☐ priority document(s) identified in Box No. VI as item(s): .....7. ☐ translation of international application into (language): .....8. ☐ separate indications concerning deposited microorganism or other biological material9. ☐ sequence listings in computer readable form (indicate type and number of carriers)(i) ☐ copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)(ii) ☐ (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter(iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column10. ☐ tables in computer readable form related to sequence listings (indicate type and number of carriers)(i) ☐ copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)(ii) ☐ (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)(iii) ☐ together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column11. ☐ other (specify): .....


Figure of the drawings which should accompany the abstract: 1

Language of filing of the international application:

ENGLISH

**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

  
 Kerstin Brandt

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1. Date of actual receipt of the purported international application:

IAP6 Rec'd PCT/PTO 30 JAN 2006

3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:

4. Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority (if two or more are competent):

ISA/

6. ☐ Transmittal of search copy delayed until search fee is paid

2. Drawings:

☐ received:☐ not received:

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Date of receipt of the record copy by the International Bureau:

**PCT****FEE CALCULATION SHEET****Annex to the Request**

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International Application No.

Applicant's or agent's  
file reference

702931

Date stamp of the receiving Office

Applicant

DECOMA INTERNATIONAL INC., et al

**CALCULATION OF PRESCRIBED FEES**

1. TRANSMITTAL FEE .....

200.00 T

2. SEARCH FEE .....

1,552.00 S

International search to be carried out by .....

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where item (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets

Where item (b) and (c) of Box No. IX do not apply, enter Total number of sheets

31

b1 first 30 sheets

730.00 b1

b2 1 x 17.00 =  
number of sheets  
in excess of 30

17.00

17.00 b2

b3 additional component (only if sequence listings and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x

fee per sheet

b3

Add amounts entered at b1, b2 and b3 and enter total at B . . .

747.00 B

Designation Fees

The international application contains 92 designations.

5

157.00

number of designation fees  
payable (maximum 5)

amount of designation fee

785.00 D

Add amounts entered at B and D and enter total at I

1,532.00 I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) . . . . .

P

5. TOTAL FEES PAYABLE . . . . .

3,284.00

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

☐ The designation fees are not paid at this time.**MODE OF PAYMENT**☐ authorization to charge  
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